

**CITY OF WICHITA, KANSAS  
RETIREMENT SYSTEM  
Pension Management**

**CHANGE OF ADDRESS FORM**

*(Print or Type)*

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Last Name

First Name

Middle Initial

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Old Address: Street, Apt.

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Old Address: City, State, Zip Code

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New Address: Street, Apt.

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New Address: City, State, Zip Code

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New Phone Number

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Social Security Number

Signature \_\_\_\_\_

Effective Date of Address Change \_\_\_\_\_

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Return this form to:

Pension Management  
455 N Main, 12th Floor  
Wichita, KS 67202  
(316) 268-4549